

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

09 / 914193

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		12				
4		1				
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50						
TOTAL IND.	1					
TOTAL DEP.	3	→	→	→	→	→
TOTAL CLAIMS	7	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

BEST AVAILABLE COPY

*	IND.	DEP.	*	IND.	DEP.	*
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100						
TOTAL IND.						
TOTAL DEP.		→	→	→	→	→
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS